



Chaska Youth Softball Association

Clinic Registration

University of Minnesota Hitting and Fielding Clinics



These clinics offer 4½ hours of softball instruction over 3 sessions, focusing on hitting, bunting, infield, conditioning, and agility. Attendees will be separated by age and will work alongside the 2010 University of Minnesota Women’s Softball coaches and players. These clinics are open to girls 8-18 years of age.

The 1½ hour clinic sessions will be held on the following Sundays: 11/22, 12/06, and 12/13 at 5:30 and 7:15.

Pricing Information

We encourage you to sign up for all three sessions for \$110. If you cannot attend all three sessions, try to attend 1 or 2 sessions at \$40 per session. Drop-ins are welcome, space permitting.

Participant Information

Name:		Date of Birth:	
Address:			
City/State/Zip:			
Phone #:		Email:	
What softball organization will you be playing for in 2010?			

Session Information

Which session(s) would you like to sign up for (please check the appropriate box(es))?

<input type="checkbox"/> All 3 Sessions(\$110)	<or>	<input type="checkbox"/> Session 1, Sunday, November 22 (\$40) <input type="checkbox"/> Session 2, Sunday, December 6 (\$40) <input type="checkbox"/> Session 3, Sunday, December 13 (\$40)
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Disclaimer

DISCLAIMER OF RESPONSIBILITY FOR PERSONAL INJURY

Parents, please read and sign:

I, the parent or legal guardian of the above registrant acknowledge my understanding that the softball associations in the above listed communities do not carry medical, health or liability insurance. Further, I acknowledge my understanding that athletic activities do include or involve risk of accidents and bodily injury. Accordingly, I accept full responsibility for medical treatment and the associated costs that may be required as a result of injuries sustained during participation in these activities. I will not hold the Chaska Department of Parks and Recreation, the Chaska Youth Softball Association, nor the coaches or volunteers with this activity liable for injury to the above named participant.

Parent/Legal Guardian: _____ Date: _____

Registration Information

Make checks payable to:CYSA
 Mail checks and registration to:.....Jeff Och
 642 Ramsey Circle
 Carver, MN 55315

If you have any questions, please contact Jeff at: chaska.softball@gmail.com

You will be notified via email of your acceptance into these clinics and to which session (5:30 or 7:15).